

No. 9-85
80-12**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Terrence J. MaguireAge 68 years months daysPlace of death 70 Newton St SouthboroughDate of death January 11, 1986Cause of death Ischemic Heart Disease
Congestive Heart FailureInterment at Rural CemeteryDate permit issued January 13, 1986Certified by Arnold J. Hill M.D.

9

No. 9-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Terrence J. Maguire

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsSouthborough Cemetery
(Name of cemetery or crematory) (City or town)January 14, 1986ified by William D. [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 86-2

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. S. Waterman - Eastman
1495 Comm. Ave. Boston Ma -

Name of Deceased John Pendleton Acree

Age 40 years months days

Place of death Route 9 - Southborough Mass

Date of death February 18, 1986

Cause of death Blunt Impact - Neck Injury

Interment at Muir Chapel Cemetery Greensboro N.C.

Date permit issued February 19, 1986

Certified by Timothy P. Stone M.D.

No. 3-84**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sullivan-Fitzgerald

Name of Deceased

William A. Holmes, Sr.

Age

82

years

months

days

Place of death

72 Turpike Rd Southborough

Date of death

April 7-1986

Cause of death

Metastatic Carcinoma of Prostate
Chronic Lung Disease

Interment at

Emergreen Cemetery Marlboro

Date permit issued

April 9, 1986

Certified by

Robert C. Sumner M.D.No. 86-B**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to

Agent Board of Health
(Office issuing permit)

Town of

Southborough

Mass.

of deceased

William A. Holmes, Sr.

S. War Veteran, specify what war, organization, etc.

no**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
deposited in accordance with its termsEvergreen - Marlboro

(Name of cemetery or crematory)

(City or town)

April 10, 1986

Signed by

[Signature]

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 4-86**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Peter Wadsworth Wadsworth Funeral Home

Name of Deceased

Ernest L. Kallander Sr.

Age

84

years.....months.....days

Place of death

8 Meadow Lane, Southborough

Date of death

April 18-1986

Cause of death

Atherosclerotic Heart Disease
Cardiomyopathy

Interment at

Rural Cemetery, Cremation

Date permit issued

4-22-86

Certified by

Simothy P. Stone

M.D.

No. 4-86**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to

Agent - Board of Health

(Office issuing permit)

Sim A Torcoletti

or Town of

Southborough 01772 Mass.

e of deceased

Ernest Lennart Kallander

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
posed of in accordance with its termsNewton Crematory, Newton, MA.

(Name of cemetery or crematory)

(City or town)

April 23, 1986

ified by

[Signature]

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

86-5

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

John P. Rowe Funeral Home

Name of Deceased

John V. Finn Jr.

Age

89

years

months

days

Place of death

2 Brigham St Southboro

Date of death

May 1, 1986

Cause of death

Aphasia, Wandering, Depression

Interment at

Rural Cemetery Southboro

Date permit issued

May 5, 1986

Certified by

Timothy P. Stone

M.D.

No.

86-5

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Agent: Board 8/Health

(Office issuing permit)

or Town of

Southborough

Mass.

of deceased

John V. Finn Jr.

U. S. War Veteran, specify what war, organization, etc.

W I - Navy

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
used in accordance with its terms

Southborough Rural Cemetery

(Name of cemetery or crematory)

(City or town)

May 6, 1986

ified by

[Signature]

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 6-86**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Name of Deceased Neil SutherlandAge 71 years months daysPlace of death Southborough Pt 495Date of death June 23 - 1986Cause of death Blunt head, neck & chest impactInterment at Worcester County Memorial Park, Paxton, MADate permit issued June 24 - 1986Certified by Timothy P. Stone M.D.No. 6-86**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased Neil Sutherland

U. S. War Veteran, specify what war, organization, etc.

WW II - U S NAVY**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsWorcester County Memorial Park Paxton, MA

(Name of cemetery or crematory)

(City or town)

June 26, 1986Signed by John E. Hallen

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Received and filed in the office of the town clerk on
July 7, 1986 at 9:00 A.M. PAUL J. BERRY, Town Clerk
PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



STATE OF NEW HAMPSHIRE

Burial Permit No.

BURIAL — TRANSIT PERMIT

City or Town of Bartlett

Full name of deceased Richard Francis Labarre
Place of death Bartlett Carroll N.H.
Date of death June 30, 1986 Color White Sex Male Age 59
Cause of death Cardiac Arrest
Method of disposal Burial Rural Cemetery
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)
Town or City Southboro County Worcester State Mass.
A certificate of death having been filed as required by the laws of this State, permission is hereby given
to Donald C. Morris Address 40 Main St., Southboro, Mass.
(Funeral Director) 01772
to dispose of body of said deceased as above stated. Date Issued June 30, 1986
Signature Charles E. Sutton City or Town of Bartlett
(Town Clerk, Sub-Registrar, Agent City Board of Health)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW
Body was buried on July 86 in Southborough Rural Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery, Crematory, or Vault)
Town or City Southborough County Worcester State Massachusetts
If stored, Body was then on 19 in (State whether cremated, buried) (Place of final destination — Cemetery or Crematory)
Town or City D County State
Section etc. 33
Lot No. 33 Grave No. 1 Signature Watson Dan. Sept.
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

No. 7-86**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Peter Widdoworth, Wadsworth & SonName of Deceased June WilliamsAge 67 years months daysPlace of death 10 Winchester St SouthboroDate of death August 6, 1986Cause of death Terminal Carcinoma - BreastInterment at Rural CemeteryDate permit issued August 7 - 1986Certified by Robert H. Pittenhouse M.D.No. 7-86**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)r Town of Southborough Mass.of deceased June WilliamsU. S. War Veteran, specify what war, organization, etc.
_____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sent of in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)August 8 1986ified by Watson Dun
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 8-86**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Donald C Morris

Name of Deceased

Elizabeth Putnam Bruneck

Age

95

years months days

Place of death

359 Turnpike Rd Southborough

Date of death

Oct 4 - 1986

Cause of death

Arteriosclerotic Heart Disease

Interment at

Cremation
Central Cemetery, Beverly, Mass.

Date permit issued

Oct 4 - 1986

Certified by

Timothy P. Stone

M.D.

No. 85-11**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*

to

Agent Board of Health
(Office issuing permit)

or Town of

Southborough

Mass.

of deceased

Elizabeth Putnam Bruneck

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
used of in accordance with its terms**RURAL CEMETERY CREMATORY, WORCESTER, MASS.**

(Name of cemetery or crematory)

(City or town)

OCT 6 1986

Signed by

Arthur T. Scanlon, Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 9-86**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Douglas C MorrisName of Deceased Mary Elizabeth FinnAge 93 years months daysPlace of death 361 Turnpike Rd, SouthboroDate of death December 20, 1986Cause of death Cerebral Thrombosis
Atherosclerotic Heart DiseaseInterment at Rural CemeteryDate permit issued December 20, 1986Certified by Timothy P Stone, M.D.No. 4-86**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Mary Elizabeth Finn

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
posed of in accordance with its termsRural Cemetery Southborough Mass
(Name of cemetery or crematory) (City or town)December 23, 1986Certified by Joseph C Mauro
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 1-87**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Douglas Funeral HomeName of Deceased Harriet Berry DenhamAge 94 years months daysPlace of death 77 Deerfoot Rd SouthboroDate of death February 4, 1987Cause of death Cerebral Thrombosis
Atherosclerotic Heart DiseaseInterment at Westview Cemetery, Lexington, MassDate permit issued February 6, 1987Certified by Timothy P. Stone, Jr M.D.No. 1-87**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent of Board of Health
(Office issuing permit)or Town of Southborough Mass.e of deceased Harriet Berry DenhamU. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
posed of in accordance with its termsWestview Cemetery

(Name of cemetery or crematory)

(City or town)

February 7, 1987ified by Dennis P. Mazzone
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2-87

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

John P. Rowe Funeral Home Inc.

Name of Deceased

Walter E. Concannon

Age

77

years

months

days

Place of death

12 Strawberry Hill Rd

Date of death

May 8, 1987

Cause of death

Coronary Sclerosis, Presumed

Interment at

Milton Cemetery, Presumed Sudden

Date permit issued

May 10, 1987

Certified by

Timothy P. Stone

M.D.

3/20/87
no record
(INSTRUCTIONS ON REVERSE SIDE)
FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

1230

STATE USE ONLY

STATE USE ONLY
1.
2 PLACE 74
HOSPITAL 78
2.
RACE
9 NATIVITY 20
RESIDENCE 34
OUT OF STATE 37
8 CENSUS 41
12 AUTOPSY
3 MED. EXAM.

1191

DECEDENT

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

DECEDENT - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (Mo. Day Yr.)	
1 Bernard R. Myles		2 Male	3 May 10 1987	
PLACE OF DEATH (CITY OR TOWN)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)
4a Worcester		4b Worcester		4c Worcester Memorial Hospital
RACE (e.g. White, Black, American Indian, etc.) (Specify)		AGE - Last Birthday (Yrs)	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MINS
5 White		6a 66	6b	6c
DATE OF BIRTH (Mo. Day Yr.)		STATE OF BIRTH (If not in U.S.A. name country)		
7 August 13 1920		8 Pennsylvania		
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED		SPOUSE (If wife, give maiden name)		USUAL OCCUPATION (Prior, If Retired)
9 Married		10 Marguerite L. Blackburn		11a Manager
SOCIAL SECURITY NUMBER		IF U.S. WAR VETERAN SPECIFY WAR	RESIDENCE - STREET AND NUMBER CITY OR TOWN, COUNTY, STATE, ZIP CODE	
12 175-14-1013		13 WW II	14 14 State Street Westborough, Worcester, MA. 01581	
FATHER - FULL NAME		STATE OF BIRTH (If not in U.S.A. name country)	MOTHER NAME (GIVEN MAIDEN)	STATE OF BIRTH (If not in U.S.A. name country)
15a Walter Myles		15b PA.	16a Mary Glowacki	16b PA.
INFORMANT - NAME AND ADDRESS				RELATIONSHIP
17a Marguerite L. Myles 14 State Street Westborough MA. 01581				17b Spouse
TYPE OF DISPOSITION (Specify Burial, Cremation, Other)		DATE OF DISPOSITION		PLACE OF DISPOSITION AND LOCATION CITY OR TOWN STATE
18a Burial		18b May 13 1987		18c Rural Cemetery Southborough Massachusetts
FUNERAL SERVICE LICENSEE		NAME OF FACILITY		ADDRESS OF FACILITY
19a Warren A. Rand		19b Rand-Harper Funeral Home		19c 62 W. Main St. Westborough
20 IMMEDIATE CAUSE - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). (PRINT OR TYPE LEGIBLY)				
PART I (a) Cardiorespiratory Arrest				Interval between onset and death minutes
DUE TO OR AS A CONSEQUENCE OF (b) Pneumococcal Sepsis				Interval between onset and death 24 hrs
DUE TO OR AS A CONSEQUENCE OF (c) Pneumococcal Pneumonia				Interval between onset and death 2 days
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)				AUTOPSY (Yes or No)
herpetic failure and herpetic cirrhosis				21 NO
ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify)		DATE OF INJURY (Mo. Day Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
23		24a	24b M	24c
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION STREET CITY OR TOWN STATE
24d		24e		24f
25a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		25b On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) stated		
(Signature and Title)		(Signature and Title)		
DATE SIGNED (Mo. Day Yr.)		DATE SIGNED (Mo. Day Yr.)		
25b MAY 10 1987		25c 7:45 A M		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		26b PRONOUNCED DEAD (Mo. Day Yr.)		
25d		26c PRONOUNCED DEAD (Hour)		
25e		26d ON		
25f		26e AT		

NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)
27 KENNETH STEVENS 119 BELMONT ST WORCESTER MA 01605

28 BURIAL PERMIT ISSUED ON May 12, 1987
Commissioner of Public Health.
SIGNATURE-BD HEALTH AGT.

29 RECEIVED IN THE CITY OR TOWN OF WORCESTER
CLERK'S SIGNATURE Robert J. O'Keefe
MAY 13 1987
(DATE RECEIVED)

No. 3-87.....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. Kazlauskas, J.D.

Name of Deceased Susan Jane Stebbins

Age 28 years..... months..... days

Place of death Mass
Turpik @ M180 - Southborough

Date of death June 3 - 1987

Cause of death Concussion + Positional Asphyxia
Cremation

Interment at Mint Lynn Crematorium, Norfolk, England

Date permit issued June 8, 1987

Certified by Timothy P. Stone M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to _____

(Office issuing permit)

City or Town of Saunders Mass.Name of deceased Josephine J. J. J.If a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Benedict W Rox

(Name of cemetery or crematory)

(City or town)

on 7-7-87Certified by W. H. Flaherty, Esq.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Boston Catholic Cemetery Association

366 CUMMINS HIGHWAY
ROSLINDALE, MASS. 02131

TELEPHONE 325-6830



DORCHESTER CEMETERY
MT. CALVARY CEMETERY
NEW CALVARY CEMETERY
MT. BENEDICT CEMETERY

September 10, 1987

Mrs. Sena Jorcoletti
34 Latisquama Road
Southboro, MA 01772

Dear Mrs. Jorcoletti:

Enclosed is the burial permit that you
returned to this office.

Our records show that Josephine Dindio's
last address was 15 Carolyn Terrace, Southboro,
MA.

Sincerely yours,

A handwritten signature in dark ink that reads "John Kelley". The signature is written in a cursive style with a large, looped "J" and "K".

John Kelley, Business Agent
BOSTON CATHOLIC CEMETERY
ASSOCIATION

JK:dg

No. 4-87.....**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Donald C Morris

Issued to

Leo J. Pessini

Name of Deceased

Leo J Pessini

Age.....

80

years.....

months.....

days

Place of death.....

Southboro

Date of death.....

July 19, 1987

Cause of death.....

Interment at

Central Cemetery

Date permit issued

July 20, 1987

Certified by

Martin Vogel

M.D.

No. 6-87**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Richard P. ArmellaniAge 86 years months daysPlace of death 411 Boston Rd SouthboroughDate of death October 10, 1987Cause of death Acute Myelogenous leukemiaInterment at Rural Cemetery, SouthboroDate permit issued October 13, 1987Certified by Timothy P. Stone M.D.No. 6-87**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased Richard P. Armellani

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sent off in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)October 14, 1987fied by William D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 7-87**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald Morris Funeral HomeName of Deceased Frank J. Rossi Sr.Age 80 years months daysPlace of death 7 New Hill Rd SouthboroDate of death 11-16-87Cause of death Renal failure Cirrhosis, hepatic, chronic, severeInterment at Rural CemeteryDate permit issued November 17, 1987Certified by Timothy P. Stone M.D.No. 7-87**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Frank J. Rossi

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)November 19, 1987Certified by Walter J. Stone
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Donald C Morris

Name of Deceased

Felmad, g.s. Edwin Bates

Age

48

years

months

days

Place of death

7 Birchwood Drive

Date of death

March 9, 1988

Cause of death

Asphyxia due to Carbon Monoxide
Inhalation, suicide

Interment at

Rural Crematory, Worcester, Mass

Date permit issued

March 11, 1988

Certified by

Lindsay P. Stone

M.D.

No. 2-88**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Victor M. BenkoskiAge 72 years months daysPlace of death 116 Marlboro Rd SouthboroughDate of death April 24 - 1988Cause of death Carcinoma, metastatic
Carcinoma, lung, type unspecifiedInterment at Rural Cemetery SouthboroughDate permit issued April 25, 1988Certified by Levin P. Stone M.D.No. 2-88**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)r Town of Southborough Mass.of deceased Victor M. Benkoski

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
received in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)April 26 1988
William D. ...
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 3-88**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John P. Rowz

Name of Deceased

Nellie Galanis

Age

80

years

months

days

Place of death

22 Stowe Rd

Date of death

May 9, 1988

Cause of death

Cardiopulmonary Arrest
Presumed Coronary Artery Disease

Interment at

Immaculate Conception Cemetery
Marlboro

Date permit issued

May 10, 1988

Certified by

Howard D. Kichenbaum

M.D.

No. 3-88**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to

Agent: Board of Health

(Office issuing permit)

or Town of

Southborough

Mass.

of deceased

Nellie Galanis

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sent of in accordance with its termsImmaculate Conception

(Name of cemetery or crematory)

Marlboro

(City or town)

ified by

May 13, 1988Rev. Paul J. McLaughlin

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

MAY 27, 1988

at 1:20 PM

TOWN CLERKS OFFICE

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



STATE OF NEW HAMPSHIRE

BURIAL—TRANSIT PERMIT

Burial Permit No 1988

City or Town of Alton

Full name of deceased ARTHUR L. LACOMBE
 Place of death Alton Belknap N.H.
 (Town or City) (County) (State)
 Date of death May 23, 1988 19 White Male 74
 Cause of death Respiratory Failure
 Method of disposal Burial
 (Whether burial, cremation, transportation, storage, etc., - If storage see over) (Cemetery, Crematory, or Vault)
 Town or City Rural Cemetery Southborough MA State

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
 Robert Peaslee, C.E. Peaslee & Son F.H.
 (Funeral Home) Town or City Alton, NH

to dispose of body of said deceased as above stated. Date Issued May 24, 1988
 Signature Wendell M. Jones Alton
 (Town Clerk, Sub-Registrar, Agency City Board of Health)

CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in on 19
 (Name of storage vault)

Town or City State
 Signature
 (Sexton or person in charge of storage vault)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on May 25 1988 in Southborough Rural Cemetery
 (State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)
 Town or City Southborough State MA Section B-East
 Lot No. 27 North Grave No. 4 Signature Walter M. Jones
 (Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.
 FORM BT-1, 8/85

IMPORTANT! SEE OTHER SIDE

(SEE OTHER SIDE)

This permit must accompany remains to destination.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS
RICHMOND, VIRGINIA

OUT-OF-STATE TRANSIT PERMIT

RECEIVED
 6/9/88 at 1:00 P.M.

FULL NAME OF DECEASED <u>Marston Collingston Green</u>		AGE <u>73</u>
PLACE OF DEATH <u>Nassawadox, VIRGINIA</u> (City or County)	DATE OF DEATH <u>June 4, 1988</u> (Month Day Year)	
SEX <u>Male</u>	RACE OR COLOR <u>Caucasian</u>	
DESTINATION TO WHICH REMAINS TO BE SENT <u>Rural Cemetery Southboro, Mass.</u> (City or County)		(State)
<p>A Certificate of Death having been filed as required by the laws of this State, or conditions outlined in regulations having been complied with, permission is hereby given to:</p> <p>Funeral Director <u>R.C. Doughty</u> Address <u>Box 633 Exmore, Va. 23350</u></p> <p>To transport said deceased as stated above.</p>		
DATE ISSUED <u>6-6-88</u>	REGISTRATION DISTRICT NO. <u>165</u>	SIGNATURE OF REGISTRAR <u>[Signature]</u>

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



RECEIVED 7-6-88

STATE OF NEW HAMPSHIRE

BURIAL — TRANSIT PERMIT

Burial Permit No. 1118

City or Town of CONCORD, N. H.

Full name of deceased Eleanor F. MacDonald
Place of death Concord Merrimack NH
(Town or City) (County) (State)
Date of death June 30 19 88 Color White Sex Female Age 83
Cause of death Stroke; recurrant and acute
Method of disposal Burial Rural Cemetery
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)
Town or City Southboro State MA

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
Donald C. Morris Funeral Home Town or City Southboro, MA
(Funeral Home)
to dispose of body of said deceased as above stated Date Issued July 1, 1988
Signature [Signature] City or Town of CONCORD, N. H.
(Town Clerk, Sub-Registrar, Agent, City Board of Health)

CEMETERY OR STOARGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in, on 19
(Name of storage valut)
Town or City State
Signature (Sexton or person in charge of storage vault)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on July 2 19 88 in Southborough Rural Cemetery
(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)
Town or City Southborough State MA Section B-East
Lot No. 22 South Grave No. 3 Signature [Signature]
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

FORM BT-1, 8/85

IMPORTANT! SEE OTHER SIDE

No. 4-88**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to James GragorianName of Deceased Kohar Der MosesianAge 87 years months daysPlace of death 1 Fairview Drive, SouthboroDate of death June 22, 1988Cause of death Metastatic Carcinomatous
Ovarian CancerInterment at Hypertension
Mr Hope Cemetery, BostonDate permit issued June 23, 1988Certified by Donald Love M.D.No. 4-88**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Board of Health Agent 01772
(Office issuing permit)or Town of Southborough Mass.e of deceased Kohar Der Mosesian

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was
sed of in accordance with its termsMount Hope Boston
(Name of cemetery or crematory) (City or town)June 25, 1988fied by A. J. Melli T.D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5-88

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C. Morris

Name of Deceased Agnes Ferguson

Age 75 years months days

Place of death 8 Bryden Road, Southboro

Date of death July 3, 1988

Cause of death Metastatic small cell Carcinoma of lung

Interment at Rural Cemetery, Southboro

Date permit issued July 5, 1988

Certified by Carol A. Cola, M.D.
55 Lake St. Worcester

No. 9-88

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent: Board of Health
(Office issuing permit)

Town of Southborough Mass.

of deceased Agnes Ferguson

J. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)

July 5, 1988

Signed by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

RECEIVED

8-19-88

2:02 PM

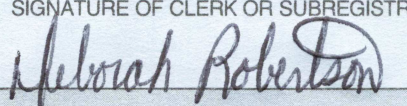


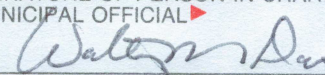
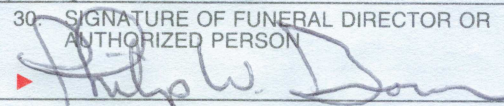
STATE OF MAINE DEPARTMENT OF HUMAN SERVICES PERMIT FOR BURIAL - TRANSIT

PERMIT
NUMBER

48563

1. FULL NAME OF DECEASED FLORENCE P SLACK			8. DATE OF DEATH (Mo., Day, Yr.) 8/16/88		
3. SEX FEMALE	4. RACE WHITE	5. AGE 83	6a. PLACE OF DEATH (City or Town) GREAT MOOSE DRIVE HARTLAND		6b. STATE MAINE
7a. NAME OF FUNERAL ESTABLISHMENT OR AUTHORIZED PERSON BROWN FUNERAL HOME		7b. BUSINESS ADDRESS 24 High Street Newport		7c. LICENSE NUMBER 09174 (Funeral Establishment)	
8. TYPE OF PERMIT <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> TEMPORARY STORAGE <input type="checkbox"/> USE BY MEDICAL SCIENCE <input type="checkbox"/> DISINTERMENT <input checked="" type="checkbox"/> REMOVAL FROM STATE					
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> COMPLETED DEATH CERTIFICATE <input type="checkbox"/> REPORT OF DEATH (Funeral Directors Only) <input checked="" type="checkbox"/> MEDICAL EXAMINER'S RELEASE FOR CREMATION, BURIAL AT SEA, USE BY MEDICAL SCIENCE, REMOVAL FROM STATE <input type="checkbox"/> NOT APPLICABLE DISINTERMENT					
10. PLACE OF DISPOSITION RURAL CEMETERY SOUTHBORO MA					11. DATE OF DISPOSITION 8/19/88 (Mo., Day, Yr.)

PERMISSION IS HEREBY GRANTED TO REMOVE AND
DISPOSE OF THE DEAD BODY IDENTIFIED ABOVE

12. SIGNATURE OF CLERK OR SUBREGISTRAR 		13. CITY OR TOWN NEWPORT, ME		14. DATE SIGNED 8/17/88 (Mo., Day, Yr.)	
DISPOSITION					
<input type="checkbox"/> BODY WAS DISINTERRED	15. DATE (Mo., Day, Yr.)		16. NAME OF CEMETERY OR VAULT		
	17. LOCATION		18. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
<input type="checkbox"/> BODY WAS PLACED IN RECEIVING VAULT	19. DATE (Mo., Day, Yr.)		20. NAME OF CEMETERY OR VAULT		
	21. LOCATION (City) (State)		22. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
BODY WAS: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED	23. DATE (Mo., Day, Yr.) 8/19/88		24. NAME OF CEMETERY OR CREMATORY Southborough Rural Cemetery		
	25. LOCATION (City) (State) Southborough MA		26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
BODY WAS: <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> REMOVED TO A MEDICAL SCHOOL <input checked="" type="checkbox"/> REMOVED FROM STATE	27. DATE (Mo., Day, Yr.) 8/19/88		28. NAME OF MEDICAL SCHOOL OR OTHER DESTINATION Morris Funeral Home		
	29. LOCATION Southboro MASS		30. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON 		

PLACE OF FINAL DISPOSITION

No. 6-88**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Noreen P McSherryAge 61 years months daysPlace of death 14 Partridge Hill Rd -
SouthboroDate of death 11-16-88Cause of death Malignant Glioma of BrainInterment at Rural Cemetery WorcesterDate permit issued November 18, 1988Certified by Frank V. Coco M.D.No. 81**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Board of Health - Agent
(Office issuing permit)r Town of Southboro Mass.of deceased NOREEN P McSherryU. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*ereby certify that the body accompanying this permit was
sed of in accordance with its terms**RURAL CEMETERY CREMATORY, WORCESTER, MASS.**

(Name of cemetery or crematory)

(City or town)

NOV 18 1988

ified by Arthur T. Seaton, Jr.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 1-89**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Sara Louise BaldelliAge 79 years months daysPlace of death 3 Pleasant St. SouthboroDate of death January 9, 1989Cause of death Crownary Heart Disease
Hypertension, Diabetes, OverweightInterment at Rural CemeteryDate permit issued January 12, 1989Certified by Timothy P. Stone M.D.No. 5-86**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agmt - Board of Health
(Office issuing permit)r Town of Southboro Mass.of deceased Sara L. Baldelli

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was
sed of in accordance with its termsRural Cemetery Southboro, MA.
(Name of cemetery or crematory) (City or town)JAN. 13, 1989fied by E. G. Mooney III
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
PERMIT FOR BURIAL - TRANSIT**

**PERMIT
NUMBER**

30261

1. FULL NAME OF DECEASED <p style="text-align: center;">Anne M. Kingsbury</p>				2. DATE OF DEATH (Mo., Day, Yr.) <p style="text-align: center;">Feb. 16, 1989</p>	
3. SEX <p style="text-align: center;">F</p>	4. RACE <p style="text-align: center;">W</p>	5. AGE <p style="text-align: center;">88</p>	6a. PLACE OF DEATH (City or Town) <p style="text-align: center;">Brunswick</p>		6b. STATE <p style="text-align: center;">Maine</p>
7a. NAME OF FUNERAL ESTABLISHMENT OR AUTHORIZED PERSON <p>Stetson's Funeral Home</p>			7b. BUSINESS ADDRESS <p style="text-align: center;">Brunswick</p>		7c. LICENSE NUMBER (Funeral Establishment) <p style="text-align: center;">09137</p>
8. TYPE OF PERMIT <input type="checkbox"/> BURIAL <input type="checkbox"/> TEMPORARY STORAGE <input type="checkbox"/> DISINTERMENT <input type="checkbox"/> CREMATION <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> USE BY MEDICAL SCIENCE <input checked="" type="checkbox"/> REMOVAL FROM STATE					
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> COMPLETED DEATH CERTIFICATE <input type="checkbox"/> REPORT OF DEATH (Funeral Directors Only) <input checked="" type="checkbox"/> MEDICAL EXAMINER'S RELEASE FOR CREMATION, BURIAL AT SEA, USE BY MEDICAL SCIENCE, REMOVAL FROM STATE <input type="checkbox"/> APPLICATION OR COURT ORDER FOR DISINTERMENT					
10. PLACE OF DISPOSITION <p style="text-align: center;">Rural Cemetery, Southboro, Mass</p>					11. DATE OF DISPOSITION (Mo., Day, Yr.) <p style="text-align: center;">2/20/89</p>

PERMISSION IS HEREBY GRANTED TO REMOVE AND
DISPOSE OF THE DEAD BODY IDENTIFIED ABOVE

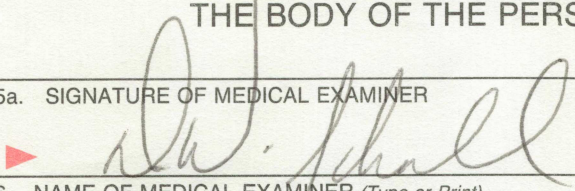
12. SIGNATURE OF CLERK OR SUBREGISTRAR 		13. CITY OR TOWN <p style="text-align: center;">Brunswick, Maine</p>		14. DATE SIGNED (Mo., Day, Yr.) <p style="text-align: center;">2/17/89</p>	
DISPOSITION					
<input type="checkbox"/> BODY WAS DISINTERRED	15. DATE (Mo., Day, Yr.)		16. NAME OF CEMETERY OR VAULT		
	17. LOCATION		18. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
<input type="checkbox"/> BODY WAS PLACED IN RECEIVING VAULT	19. DATE (Mo., Day, Yr.)		20. NAME OF CEMETERY OR VAULT		
	21. LOCATION (City or Town) (State)		22. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
BODY WAS: <input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED	23. DATE (Mo., Day, Yr.)		24. NAME OF CEMETERY OR CREMATORY		
	25. LOCATION (City or Town) (State)		26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
BODY WAS: <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> REMOVED TO A MEDICAL SCHOOL <input checked="" type="checkbox"/> REMOVED FROM STATE	27. DATE (Mo., Day, Yr.) <p style="text-align: center;">2/20/89</p>		28. NAME OF MEDICAL SCHOOL OR OTHER DESTINATION <p style="text-align: center;">Rural Cemetery</p>		
	29. LOCATION <p style="text-align: center;">Southboro, Mass</p>		30. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON 		

1. PLACE OF FINAL DISPOSITION

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
MEDICAL EXAMINERS RELEASE OF A DEAD BODY

1. FULL NAME OF DECEASED Anne M. Kingsbury	2. DATE OF DEATH Feb. 16, 1989 (Mo., Day, Yr.)
3. PLACE OF DEATH (City or Town) Brunswick	
4. TYPE OF DISPOSITION: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> CREMATION</div><div><input type="checkbox"/> BURIAL AT SEA</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> USE BY MEDICAL SCIENCE</div><div><input checked="" type="checkbox"/> REMOVAL FROM STATE</div></div>	

I HEREBY CERTIFY THAT I HAVE MADE PERSONAL INQUIRY INTO THE DEATH OF THE ABOVE NAMED PERSON, INCLUDING THE CAUSE AND MANNER. I AM SATISFIED THAT NO FURTHER EXAMINATION OR JUDICIAL INQUIRY CONCERNING THIS DEATH IS NECESSARY AND HEREBY RELEASE FOR CREMATION, BURIAL AT SEA, USE BY MEDICAL SCIENCE, OR REMOVAL FROM THE STATE, THE BODY OF THE PERSON NAMED HEREON.

5a. SIGNATURE OF MEDICAL EXAMINER 	5b. DATE SIGNED 2/17/89 (Mo., Day, Yr.)
--	--

6. NAME OF MEDICAL EXAMINER (Type or Print) David W. Schall M.D., M.E.

7. ADDRESS OF MEDICAL EXAMINER Baribeau Drive
--

 Brunswick, Maine 04011

FACILITY OF FINAL DISPOSITION

No.

2-89

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Donald C Morris

Name of Deceased

Orman R Sanborn

Age

85

years

months

days

Place of death

240 Parkville Rd Southboro

Date of death

February 23, 1989

Cause of death

Metastatic Lung Cancer -
Chronic Obstructive Pulmonary Disease

Interment at

Rural Cemetery - Southboro

Date permit issued

February 24, 1989

Certified by

Sew-Heong Kwan

M.D.

9

No.

86-7

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Board of Health

(Office issuing permit)

or Town of

Southboro

Mass.

of deceased

ORMAN R. SANBORN

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sed of in accordance with its terms

RURAL Cemetery Southboro, MA

(Name of cemetery or crematory)

(City or town)

Feb. 25, 1989

ified by

L. G. Mooney

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
 REGISTRY OF VITAL RECORDS AND STATISTICS

#2

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY		DECEDENT - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)
		Orman R Sanborn		Male	February 23, 1989
4a PLACE	PLACE OF DEATH (City/Town)	COUNTY OF DEATH	HOSPITAL OR OTHER INSTITUTION - Name (if not in other, give street and number)		
	Southboro	Worcester	240 Parkerville Road		
4c HOSP.	HOSPITAL: (Check only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		SOCIAL SECURITY NUMBER
					018-07-4660A
5 TYPE	WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) NO <input checked="" type="checkbox"/> YES		RACE (e.g. White, Black, American Indian, etc.) (Specify): White		DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12) College (1-4, 5+) 8 7 NO
7 VET.	AGE - Last Birthday (Yrs.) 85	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) December 7, 1903	BIRTHPLACE (City and State or Foreign Country) Laconia New Hampshire
8 HISP RACE	MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name) Eva C. Wills		USUAL OCCUPATION (Prior - If retired) Machinist
	12 Widowed		13		KIND OF BUSINESS OR INDUSTRY Public Works
9 EDUC.	RESIDENCE - NO. & ST., CITY/TOWN/COUNTY, STATE/COUNTRY 240 Parkerville Road, Southboro, Worcester, Massachusetts		14a		14b ZIP CODE 01772
10 AGE	FATHER - FULL NAME Austin Sanborn		STATE OF BIRTH (If not in US, name country) New Hampshire		MOTHER - NAME (GIVEN) (MAIDEN) Addie Hodge
11 NATIVITY	INFORMANT'S NAME Eunice L. Floyd		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 240 Parkerville Road Southboro, Massachusetts 01772		RELATIONSHIP daughter
12 MARITAL	METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.		FUNERAL SERVICE LICENSEE Donald C. Morris		FUN. SERVICE LICENSE # 25 29880
15 RESID.	PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) Rural Cemetery		LOCATION (City/Town, State) Southboro, Massachusetts		DATE OF DISPOSITION (Mo., Day, Yr.) February 25, 1989
23 DISP.	NAME OF FACILITY Donald C. Morris Funeral Home		ADDRESS OF FACILITY 40 Main Street, Southboro.		
31-32 AUTOP.	PART I - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.				Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Lung Cancer				1 year
	b. COPD				
	c.				
	d.				
33 MED EXAM	PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.				WAS AUTOPSY PERFORMED? (Yes or No) 31 NO
	30 WAS CASE REFERRED TO MED EXAM? (Yes or No) 33				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) 32
35C WORK INJ	34 MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED		DATE OF INJURY (Mo., Day, Yr.) 35a		TIME OF INJURY 35b
35F PLACE	DESCRIBE HOW INJURY OCCURRED		LOCATION (No. & St., City/Town, State) 35c		INJURY AT WORK (Yes or No) 35c
36-37 CERT	35d To be Completed by Certifying Physician Only		35e To be Completed by Medical Examiner Only		
40A RN PRO	36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) Seweong Kwa		37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) Paul J. Barry		
	DATE SIGNED (Mo., Day, Yr.) 35b Feb 23rd 89		DATE SIGNED (Mo., Day, Yr.) 37b		HOUR OF DEATH 37c
	NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER 35d		PRONOUNCED DEAD (Mo., Day, Yr.) 37d		HOUR OF DEATH 37c
	NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) SEW-LEONG KWA, 56, PROCTOR ST. FRAM. MA 01701		LICENSE NO. OF CERTIFIER 38 42224 MA		
	39 WAS THERE AN RN PRONOUNCING? (Yes or No) Yes		40c NAME OF PRONOUNCING REGISTERED NURSE MAUREEN Whelehan R.N.		DATE OF RECORD Feb. 24, 1989
	40a IF YES, TIME PRONOUNCED February 23, 1989		40b NAME MAUREEN		
	40c IF YES, TIME PRONOUNCED 6:45A		40d RECEIVED IN THE CITY/TOWN OF: SOUTHBORO		
	40e SIGNATURE - DO OF HEALTH AGENT Nina A. Tocolotti		40f CLERK'S SIGNATURE PAUL J. BARRY		

BLACK INK ONLY

Sec. 11 Lot 8 Grave 10
4-11-89 RIVET - FLAGG pg. 278
PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



STATE OF NEW HAMPSHIRE
BURIAL — TRANSIT PERMIT

Burial Permit No. 7368

City or Town of NASHUA, NH 03061

Full name of deceased Charles William Lincoln Sr.
Place of death Nashua Hillsborough NH
(Town or City) (County) (State)
Date of death April 6, 19 89 Color What Sex Male Age 76
Cause of death Respiratory Arrest & Cardiac Arrest
Method of disposal Burial Rural Cemetery
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)
Town or City Southborough State Mass.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
George R. Rivet Funeral Home Merrimack, N.H.
(Funeral Home) Town or City
to dispose of body of said deceased as above stated Date Issued April 7, 1989
Signature (Town Clerk, Sub-Registrar, Agent City Board of Health) City or Town of NASHUA, NH 03061

CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in, on 19
(Name of storage vault)
Town or City State
Signature (Sexton or person in charge of storage vault)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED on April 11 19 89 in Rural Cemetery
(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)
Town or City Southborough State MA Section 11
Lot No 8 Grave No 10 Signature G. G. Mooney III
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

No. 3-89

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Donald C Morris

Name of Deceased Sereno W. Johnson

Age 87 years months days

Place of death 120 Northboro Rd

Date of death May 7, 1989

Cause of death Severe Aortic Stenosis
Cancer of Prostate

Interment at Rural Cemetery

Date permit issued May 10, 1989

Certified by Vinay Kumar M.D.

No. 8-86

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to _____
(Office issuing permit)

Town of Southboro Mass.

of deceased Sereno W. Johnson

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
received in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)

May 11, 1989

Signed by Walcott Dan
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 4-89**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Memorial Funeral Home
375 Broadway Newport R.I.Name of Deceased Virginia M. TartaglinoAge 84 years months daysPlace of death to High Street Southborough, Mass.Date of death October 23 - 1989Cause of death Cardiac Arrhythmia &
Cardioresnal Failure
Coronary Heart Disease
Carcinoma, Kidney, Right

Interment at

Date permit issued October 24, 1989Certified by James P. Stone M.D.

No. 5-89

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C. Morris

Name of Deceased Joseph K. Murphy

Age 81 years months days

Place of death 2 Park Street, Southborough

Date of death November 2, 1989

Cause of death Congestive Heart Failure
Chronic Obstructive Lung DiseaseInterment at Rural Crematory - Worcester, Mass
John Curran

Date permit issued November 6, 1989

Certified by John Curran M.D.

No. 6-89.....**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Emelyn Louise WilsonAge 78 years..... months..... daysPlace of death 49 Boston RoadDate of death November 14, 1989Cause of death Acute Myocardial InfarctionInterment at Maplewood Cemetery, MarlboroDate permit issued November 17, 1989Certified by Robert C. Sumner.....M.D.No. 6-89.....**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agmt - Board of Health
Office issuing permit)Town of Southborough..... Mass.of deceased Emelyn Louise WilsonI. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was
ed of in accordance with its termsMaplewood - Marlboro
(Name of cemetery or crematory) (City or town)11-18-89ied by AB Lentini Sept.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.